

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031919

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 251

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clearmont</u>		c. CITY OR TOWN <u>Burlington Junction</u>	
Length of stay in 1b <u>2 hrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallen Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>none</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Estella</u> Last <u>Wallace</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/2/1894</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>68</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (City and state or country) <u>Blanchard Ia.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Finley Dallas Hurst</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Humphrey</u>	
14. NAME OF HUSBAND OR WIFE <u>Loren E. Wallace</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Mrs. Floyd Graham, Elmo, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac asystole or ventricular fibrillation.</u>		<u>few m in.</u>	
DUE TO (c) <u>Arteriosclerotic & mitral sten. & regurgitation</u>		<u>sev yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Auricular fibrillation.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:25</u> a.m. <u>0</u> p.m. <u>0</u>	Month, Day, Year <u>March 9, 1961</u> to <u>August 6, 1962</u> and last saw her alive on <u>Aug. 3, 1962</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY <u>Elmo, Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>March 9, 1961</u> to <u>August 6, 1962</u> and last saw her alive on <u>Aug. 3, 1962</u> Death occurred at <u>11:25 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marvin Ford</u> (Signature or title) D.O. <u>Elmo, Mo.</u>		22b. ADDRESS <u>Elmo, Mo.</u>	
22c. DATE SIGNED <u>Aug 11, 62</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Aug. 10-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Burlington Jct. Mo.</u>
24. FUNERAL DIRECTOR <u>Price Funeral Home, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-11-62</u>	26. REGISTRAR'S SIGNATURE <u>Bess / 62</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. D. Merrick

Licensed Embalmer No.

5788

P. O. Address

Yazooville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.